

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90026 004 \*\*\*\*61.25

**DOCUMENT # 721095**

1. Entity Name  
**155 SUNRISE - A CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**155 SUNRISE DRIVE  
KEY BISCAVNE, FL 33149**

Mailing Address  
**P.O. BOX 490720  
KEY BISCAVNE, FL 33149**

4000011



**DO NOT WRITE IN THIS SPACE**

01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-1448273** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICHELE & ASSOCIATES  
800 CRANDON BLVD #102  
KEY BISCAVNE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HINCKLEY, ROBERT
STREET ADDRESS	155 SUNRISE DRIVE #2A
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	P
NAME	LANG, GRACE
STREET ADDRESS	155 SUNRISE DR 3B
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	S
NAME	MILLER, ANN V
STREET ADDRESS	155 SUNRISE DRIVE, #2C
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	T
NAME	SUAREZ-MURIAS, LOURDES
STREET ADDRESS	155 SUNRISE DRIVE, #4B
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	VP
NAME	ARGUELLES, HUMBERTO
STREET ADDRESS	155 SUNRISE DRIVE #4C
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Michele Estevez-Hays* **Michele Estevez-Hays**

3-21-08

305-361-3262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #